and categorized by organ system. Routine rapid testing is not yet available in the EC, so HIV infection was not able to be confirmed for all patients presenting with unknown HIV status. Only patients with a final diagnosis of an HIV complication as the reason for their visit were included in the data analysis.
Results: Of 23,049 patients encountered in the study period, 894 (3.9%) had recorded diagnoses consistent with HIV infection. Table 1 lists the age range, gender, and diagnosis categories. The most common organ systems affected were pulmonary (30%), hematologic/oncologic (15.3%), and gastrointestinal (14.8%). 859 of these patients had known outcome data, with 605 (70%) admitted, 248 (29%) discharged, and 6 (1%) died in the EC.
Conclusion: Despite the extensive coverage of Botswana's national ARV program, HIV remains an important concern for EC presentations and admissions to the PMH hospital. Increasing the availability of rapid HIV testing in the EC would help to expand the study database of HIV emergencies by including patients presenting with complications and an unknown status. Understanding the most common types of HIV-related presentations may help improve patient care, allocate appropriate resources, and prevent future patient morbidity and mortality.

http://dx.doi.org/10.1016/j.afjem.2012.04.006

Sociodemographic determinants of household injuries at Komfo Anokye Teaching Hospital Emergency Department

K. Nyame*, E. Owusu-Dabo, A. A. Osei-Asibe Biney, S. Rominski, R. Oteng, G. Oduro

* Corresponding affiliation and author. Komfo Anokye Teaching Hospital, Kumasi, Ghana, e-mail address: kknyame@yahoo.co.uk

Introduction: The economic burden of injuries in developing countries is enormous with a significant contribution from household injuries. Studies have identified falls, burns, caustic ingestion, poisoning, drowning or near drowning, and animal bites among common household injuries. There have been several studies on household injuries in relation to sociodemographic parameters in different areas in the world. The findings in such studies are varied. However, there is paucity of data in Ghana. This pilot study was undertaken to examine the sociodemographic determinants of household injuries to augment available data.
Methods: The study was carried out at the Emergency Department, Komfo Anokye Teaching Hospital, Ghana. All patients who presented to the Emergency Department with injury related complaints and consented to the study were included in the study. We used both open and close-ended questionnaires to elicit the different background profiles. A total of 374 patients were sampled over a six-week period from 1st July to 12th August 2011.
Results: Of the sampled individuals, the household injury subset constituted 20.3% (76 of 374) of the recorded injuries. Majority of the household injuries were due to falls, 64.5% (49 of 76). There were lacerations 7.9% (6 of 76), Assault 5.3% (4 of 76), burns 4.0% (3 of 76), self harm 4.0% (3 of 76), pedestrian injury in the house 2.6% (2 of 76), and bicycle injury 2.6% (2 of 76). There was one incident of stab injury, one incident of motorbike accident in the house, and one incident of car crash at home. There were four (5.2%) without response.

Males constituted 53.9% (41 of 76). Patients without any form of formal education were the majority 40.8% (31 of 76). Household injuries by age groups revealed the highest percentages at the extremes of age as follows: (ranked from the highest to the lowest) 0–19 (43.4%) [33 of 76], 60 years and above (26.3%) [20 of 76], 40–59 (15.8%) [12 of 76], and age 20–39 (14.5%) [11 of 76]. Those who had never been married contributed 52.6% (40 of 76) of the household injuries.
Discussion: Household injury among the study population is significant, and appeared to be more common at the extremes of age and from falls. Further studies with a larger sample are needed to characterise household injuries in Ghana, to help implement interventions, and to focus prevention strategies in order to reduce injury occurrence.

http://dx.doi.org/10.1016/j.afjem.2012.07.002

Knowledge and beliefs of evidence-based medicine within the Division of Emergency Medicine at the Universities of Stellenbosch and Cape Town

D.J. Van Hoving*, H.H.Lamprecht

* Corresponding affiliation and author. Stellenbosch University, Cape Town, South Africa, e-mail address: nvhoving@sun.ac.za

Introduction: Clinical practice needs to be consistent with current best evidence to ensure high quality health care.[1] Knowledge and skills pertaining to evidence-based medicine (EBM) have therefore become a core competency for doctors. The study's aim was to assess the knowledge and beliefs of EBM among emergency medicine registrars and consultants related to the Division of Emergency Medicine at the Universities of Stellenbosch and Cape Town, South Africa.
Methods: On 11 January 2012, two surveys were completed on the divisional teaching day. The validated Berlin questionnaire (15 multiple choice questions, correct answers scored 1 point) was used to measure knowledge in EBM, whereas a previously published questionnaire was used to assess participants' perceived knowledge and beliefs.[2,3] Participation was voluntary and responses kept anonymously. Participation implied consent. Descriptive statistics are reported.
Results: Forty-one doctors attended the teaching day; 35 completed both questionnaires, four completed only the Berlin questionnaire and 2 did not participate. Overall, the EBM knowledge of participants ($n = 39$) was moderately poor (mean 41.7%). There was no difference in gender (male: $n = 22$, 41.2%; female: $n = 13$, 40.0%). Participants aged 25–29 years ($n = 7$) scored the highest (47.62%) among the different age groups. Time since basic medical degree qualification did not vary much (< 5 years: $n = 5$, 38.67%; 5–9 years: $n = 17$, 42.35%; > 10 years: $n = 16$ 41.67%). Respondents who qualified in South Africa ($n = 27$, 44%) obtained a higher score than those who qualified outside South Africa ($n = 8$, 30%). Previous research exposure resulted in different scores (no exposure: $n = 12$, 38%; busy with research project: $n = 15$, 38%; published article: $n = 5$, 54.7%). Time on